



**INVENTORSHIP DECLARATION BY SOLE INVENTOR**

I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are stated next to my name in PART A on hereof.

I believe I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

**METHOD FOR TREATING NEUROVASCULAR ANEURYSMS**

the specification of which:

- ☐ is attached hereto.
- ☒ was filed on April 13, 2000 as Application Serial No. 09/548,683.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed in PART B hereof and have also identified in PART B on hereof any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed.

I hereby claim the benefit under Title 35, United States Code §119(e) and §120, of any United States application(s) listed in PART C hereof and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56 which occurred between the filing date of the prior application and any national or PCT international filing date of this application.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please direct all telephone calls to Gregory L. Heinkel at (650) 324-0880.  
Address all correspondence to:

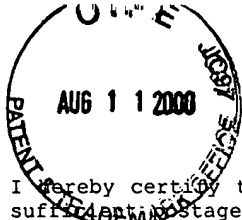
**Iota Pi Law Group  
P.O. Box 60850  
Palo Alto, CA 94306-0850  
Customer No. 22918**

INVENTORSHIP DECLARATION BY SOLE INVENTORPART A: INVENTOR INFORMATION AND SIGNATUREFull name of SOLE inventor: Patrick Rivelli, Jr.Citizenship: U.S.A. Post Office Address: 1430 Middlefield Road  
Palo Alto, California 94301Residence (if different): (same)Inventor's Signature: Patrick Rivelli, Jr. Date: 8/1/00PART B: CLAIM TO PRIORITY OF FOREIGN APPLICATION(S) UNDER 35 U.S.C. 119(a-d)

Country	App. No.	Filing Date
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PART C: CLAIM TO PRIORITY OF U.S. PROVISIONAL AND NONPROVISIONAL APPLICATION(S) UNDER 35 U.S.C. 119(e) AND 120

Serial No.	Filing Date		Status
<u>60/129,667</u>	<u>04/15/99</u>	<input type="checkbox"/>	Patented
		<input type="checkbox"/>	Pending
		<input checked="" type="checkbox"/>	Abandoned



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231, on:

Date: 8-8-00

By: *[Signature]*

Docket No. 5877-0001.32

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Patrick Rivelli, Jr.

SERIAL No.:

FILED: April 13, 2000

FOR: METHOD FOR TREATING NEUROVASCULAR  
ANEURYSMS

EXAMINER: Unknown

ART UNIT: 3738

Power of Attorney by Assignee and Certification  
Under 37 CFR §3.73(b)

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

I, the undersigned, acting on behalf of the Assignee of

☐ an undivided share of the entire right, title, and  
interest

☒ the entire right, title and interest

in the above-identified patent application, appoint the attorneys and agents listed below to prosecute this application and transact all business with the U.S. Patent and Trademark Office in connection therewith. This appointment is to the exclusion of the inventor(s) and their attorney(s) and agent(s) in accordance with the provisions of 37 CFR 3.71.

All prior powers of attorney for this application are hereby revoked. The appointed representatives are:

Peter J. Dehlinger, Registration No. 28,006  
Judy M. Mohr, Registration No. 38,563  
LeeAnn Gorthey, Registration No. 37,337  
Gregory L. Heinkel, Registration No. 44,755  
Carl J. Schwedler, Registration No. 36,924  
Stanley N. Protigal, Registration No. 28,657

all affiliated with Iota Pi Law Group.

Direct all telephone calls to Gregory L. Heinkel at (650)  
324-0880. Address all correspondence to:

**IOTA PI LAW GROUP**  
**P.O. Box 60850**  
**Palo Alto, CA 94306**  
**Telephone: (650) 324-0880**  
**Customer No. 22918**

In accordance with 37 CFR 3.73(b), I hereby certify that I  
am empowered to act on behalf of the Assignee. To the best of  
my knowledge and belief, title is in the Assignee, as evidenced  
by the Assignment noted above.

I further declare that these statements were made with the  
knowledge that willful false statements and the like so made are  
punishable by fine or imprisonment, or both, under Title 18, USC  
§1001 and that such willful false statements may jeopardize the  
validity of the this application or any patent resulting  
therefrom.

**ASSIGNEE:** Smart Therapeutics, Inc.  
**Signature:** *Patrick Rivelli, Jr.*  
**Typed Name:** Patrick Rivelli, Jr.  
**Title:** President and CEO  
**Date:** 8/1/00  
**Address:** 2551 Merced Street  
San Leandro, CA 94577



Attorney Docket No.: 5877-0001.32

Applicant: Patrick Rivelli, Jr.

Serial No.: 09/548,683

Filing Date: April 13, 2000

For: METHOD FOR TREATING NEUROVASCULAR ANEURYSMS

**Small Entity Statement Under**

**37 CFR 1.9(f) and 1.27(c) - Small Business Concern**

I hereby declare that I am:

- ☐ The owner of the small business concern identified below:
- ☒ An official of the small business concern empowered to act on behalf of the concern identified below:

Name of Concern: Smart Therapeutics, Inc.

Address of Concern: 2551 Merced Street  
San Leandro, CA 94577

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR §121.12, and reproduced in 37 CFR §1.9(d), for purposes of paying reduced fees under 35 U.S.C. §41 in that the number of employees, including those of its affiliates, does not exceed 500 persons and the concern has not assigned, granted, conveyed, or licensed, and is under no obligation under contract or law to assign, grant, convey, or licenses, any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization under this section. For this section, concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. The number of employees of the business concern is the average over the fiscal year of the persons employed during each of the pay periods of the fiscal year. Employees are those persons employed on a full-time, part-time or temporary basis during the previous fiscal year of the concern. I hereby declare that rights under contract or law in the above-identified application have been conveyed to and remain with the small business concern identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR §1.9(d) or by any concern which would not qualify as an independent inventor under 37 CFR §1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR §1.9(d) or a nonprofit organization under 37 CFR §1.9(e).

NOTE: Separate statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR §1.27).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

☐ individual    ☐ small business concern    ☐ nonprofit organization


I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR §1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this statement is directed.

NAME OF PERSON SIGNING: Patrick Rivelli, Jr.

TITLE OF PERSON SIGNING: President and CEO

ADDRESS OF PERSON SIGNING: 2551 Merced Street, San Leandro, CA 94577

Signature: 

Date: 8/1/00



COPY

Form 1595  
1-31-92 (modified)

RECORDATION FORM COVER SHEET

U.S. Department of Commerce  
Patent and Trademark Office

PATENTS ONLY

To the Honorable Assistant Commissioner for Patents: Please record the attached original documents or copy thereof

1. Name of conveying party(ies): Patrick Rivelli, Jr.  Add'l names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name/address of receiving party(ies):  Smart Therapeutics, Inc.  2551 Merced Street San Leandro, CA 94577  Add'l names of receiving parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Other <input type="checkbox"/> Change of Name <input type="checkbox"/> Reassignment	
4. Date of execution: <u>August 1, 2000</u>	

5. Application number(s) and/or patent number(s):

If this document is being filed with a new application, the date of signature by the first named inventor was: \_\_\_\_\_.

A. Patent Application No.(s)  09/548,683 filed 13 April 2000	B. Patent No.(s)
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Additional numbers attached: ☐ Yes ☒ No

6. Name and address of party to whom correspondence concerning document should be mailed:  Iota Pi Law Group P.O. Box 60850 Palo Alto, CA 94306 (650) 324-0880	7. Total No. of applications and patents involved: <u>one (1)</u>
	8. Total fee (37 CFR \$3.41): <u>\$40.00</u> <input checked="" type="checkbox"/> Enclosed is check for \$40.00
	9. Total number of pages, including cover sheet, attachments and document: <u>4</u>

DO NOT USE THIS SPACE

10. Statement and signature:

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

<u>Peter J. Dehlinger</u> Name of Person Signing	<u>Peter J. Dehlinger</u> Signature	<u>8-8-2000</u> Date
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COPY